

# Women and Ischemia Syndrome Evaluation (WISE) Diagnosis and Pathophysiology of Ischemic Heart Disease Workshop

October 2-4, 2002

## Session 4

### 1. Topic and Author

**WHI: HRT and presentation of ischemia.**

Dr. Judy Hsia

### 2. Where we stand in 2002. Overview/rationale for inclusion of topic.

WHI Estrogen + Progestin trial randomized 16608 postmenopausal women with intact uteri to conjugated equine estrogens (0.625 mg) with medroxyprogesterone acetate (2.5 mg) daily or identical-appearing placebo. The trial intervention was halted in July, 2002, following recommendation of the Data Safety Monitoring Board due to an excess of invasive breast cancer among women assigned to combined Estrogen + Progestin (HR 1.26, 95% CI 1.00 – 1.59). The pre-specified primary outcome was a composite of non-fatal myocardial infarction and coronary death. Among women assigned to active Estrogen + Progestin, an increased risk of MI/CHD death (HR 1.29, 95% CI 1.02-1.63) was observed. This risk was particularly prominent in the first year of treatment (HR 1.78), and was similar among women with and without known coronary disease (~3% of the cohort) or prior hormone use. Coronary revascularization rates were similar in the placebo and active treatment groups. Incident stroke was also more frequent among women assigned to active Estrogen + Progestin (HR 1.41, 95% CI 1.07-1.85).

The WHI Estrogen alone trial, which randomized 10,739 women with prior hysterectomy to conjugated estrogens or placebo, is ongoing.

From the WHI Observational Study, we anticipate the following cross-sectional analyses of acute coronary syndrome presentation will be available for the workshop:

- Demographic and health characteristics of women with unstable angina vs non-Q vs Q wave MI stratified by history of prior coronary disease
- Among women with unstable angina (n~1500), diagnosis by physician only vs those with additional documentation such as abnormal stress test, coronary angiography, stratified by ethnicity, age, statin and aspirin use
- Among women with MI (N~850), proportion with chest pain and which were procedural, stratified by ethnicity, age, statin and aspirin use

Multivariate analyses identifying independent determinants of presentation with unstable angina vs non-Q vs Q wave MI

### 3. Current challenges and the most important issues for future research

Identification of women at risk for coronary events during the first year on HRT  
Role of SERMS, other estrogen formulations

### 4. Current challenges in the areas of communicating messages to health care community, patients and the public

WHI research group has gained a great deal of experience with this issue since early termination of E+P trial.

### 5. Translating new findings to improved diagnosis and treatment/saving lives.

Stop prescribing E+P for coronary prevention. Since industry is unlikely to convey this message, need to harness alternative mechanisms.

## **6. References.**

JAMA 2002;288:321-33